

**DECLARATION AND POWER OF ATTORNEY
FOR U.S. PROVISIONAL PATENT APPLICATION**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,
and

I believe I am an original, first and joint inventor of the subject matter which is described
in the provisional patent application entitled

**BIOMARKERS AND METHODS FOR DETERMINING
SENSITIVITY TO EPIDERMAL GROWTH FACTOR RECEPTOR
MODULATORS**

the specification of which was filed as PCT International Application No. PCT/US05/000638 on
January 7, 2005 and entered the national stage in the United States and was accorded
Application No. **60/535,151**.

I hereby state that I have reviewed and understand the contents of the above-identified
provisional application.

I hereby appoint the attorneys and agents associated with **Customer No. 23914**, respectively
and individually, as my attorneys and agents, with full power of substitution and revocation, to
transact all business in the Patent and Trademark Office connected with this provisional
application.

Please address all communications to the address associated with **Customer No. 23914**,
which is currently Louis J. Wille, Bristol-Myers Squibb Company, Patent Department, P.O. Box
4000, Princeton, NJ 08543-4000.

FIRST JOINT INVENTOR:

Full name : **Edwin A. Clark**

Signature : _____

Date : _____
(MM/DD/YY)

Citizenship : United States of America

Residence : Pennington, New Jersey

P.O. Address : 133 Brandon Road
Pennington, New Jersey 08534

SECOND JOINT INVENTOR:

Full name : **Shirin K. Ford**

Signature : _____

Date : _____
(MM/DD/YY)

Citizenship : India

Residence : Princeton, New Jersey

P.O. Address : 45 Jackson Avenue
Princeton, New Jersey 08540

THIRD JOINT INVENTOR:

Full name : **Suganthi Yoganathan**

Signature : _____

Date : _____
(MM/DD/YY)

Citizenship : Sri Lanka

Residence : Somerset, New Jersey

P.O. Address : 53 Victoria Drive
Somerset, New Jersey 08873

FOURTH JOINT INVENTOR:

Full name : Donald G. Jackson

Signature : _____

**Date : _____
(MM/DD/YY)**

Citizenship : United States of America

Residence : Lawrenceville, New Jersey

**P.O. Address : 2617 Main Street
Apt. 2
Lawrenceville, New Jersey 08648**